

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
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48						
49						
50						
TOTAL IND.	1	1				
TOTAL DEP.		13				
TOTAL CLAIMS		14				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55	1					
56		1				
57		3				
58		3				
59		3				
60		3				
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99						
100						
TOTAL IND.	2	13				
TOTAL DEP.	22	35				
TOTAL CLAIMS		38				

BEST AVAILABLE COPY